

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Frederick M. Mako, Robert L. Bruce

Application No.: 10/773,516

Filed: 02/05/04

For: CERAMIC JOINING



CERTIFICATE OF FIRST CLASS MAILING WITH MAIL STOP (CM-MS) (37 C.F.R. § 1.8(a)(i)(1)(A))

I hereby certify that on February 6, 2008 the following correspondence:

Name of Paper: Amendment Transmittal

Number of Pages: 2

Fees: Three-Month Extension

Amount: \$ 525.00

Payment By: Check

Other: Response Under Rule 116; Notice of Appeal from the Primary Examiner to the Board of Patent Appeals and Interferences

is being deposited with the United States Postal Service in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia, 22313-1450

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Signature

Reg. No.: 30,587 (if applicable)

Telephone Number: 412-621-9222

Ansel M. Schwartz
Type or print name of person certifying

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Frederick M. Mako, Robert L. Bruce
 Application No.: 10/773,516 Group No.: 1734
 Filed: 02/05/2004 Examiner: Melvin C. Mayes
 For: CERAMIC JOINING

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

STATUS

- Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$525.00

FEE FOR CLAIMS

- The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY
CLAIMS			
REMAINING	HIGHEST NO		
AFTER	PREVIOUSLY		
AMENDMENT	PAID FOR	PRESENT	ADDIT.
		EXTRA	FEE
TOTAL	3	= 0	x \$ 25.00 = \$ 0.00
INDEP.	1	= 0	x \$ 105.00 = \$ 0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		+ \$ 0.00	= \$ 0.00
			TOTAL
			ADDIT. FEE \$ 0.00

No additional fee for claims is required.

FEE PAYMENT

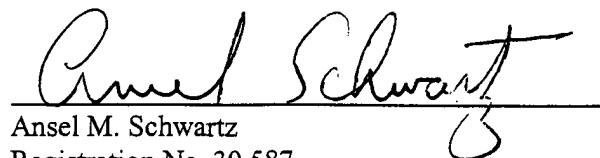
5. Attached is a check in the sum of \$525.00.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.



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